

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT						
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP
1	1						51				
2		1					52				
3	1						53				
4		1					54				
5		1					55				
6		5					56				
7	1						57				
8	1						58				
9		2					59				
10		2					60				
11		2					61				
12		2					62				
13	1						63				
14		1					64				
15	1						65				
16		1					66				
17		1					67				
18		1					68				
19		6					69				
20		6					70				
21		6					71				
22		6					72				
23							73				
24							74				
25							75				
26							76				
27							77				
28							78				
29							79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	6						TOTAL IND.				
TOTAL DEP.	44						TOTAL DEP.				
TOTAL CLAIMS	50						TOTAL CLAIMS				